

The Guatemalan Refugees Twenty Years Later: Mental Health in Mayan Communities in Chiapas, Mexico

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Statement of the Research Problem

While new refugee populations are created during international strife, the plight of refugees is, in fact, on-going, global, and endemic. Refugees often physically obtain food, shelter, or even a new home in a host country, but may remain emotionally in crisis years following exile (Desjarlais, Eisenberg, Good & Kleinman, 1996). The United Nations High Commissioner for Refugees (UNHCR) estimates that there are currently 45 million refugees and internally displaced persons (UNHCR, 2001) yet epidemiologic studies of their mental health have occurred only in the last decade. Even less is known about how cultural, economic, environmental factors, and the unique population's traumatic circumstances have an influence on the development of psychiatric sequelae years after the refugee flight. There is little information on the mental health needs of refugees in long-term refugee camps in the developing world, even though chronic refugee status may increase a pathogenic impact on mental health (Mollica et al., 1993; Urrutia, 1987).

Prior epidemiologic evidence of exposure to risk factors for PTSD, anxiety or depression provides a rationale to survey groups not previously examined. This highlights each group's distinct needs and brings specificity to the scientific literature on the nature of long-term trauma in different refugee populations. International aid organizations need additional epidemiologic data, such as prevalence rates and characteristics of place and persons who are affected with chronic mental health disorders in order to be able to demonstrate need for future funding of research (Neugebauer, 1997).

Twenty years ago indigenous, Mayan refugees from the north of Guatemala fled to Mexico as the result of a civil war in their country characterized by the destruction of

villages, thousands of deaths and disappearances (REHMI, 1999). A total of 46,000 refugees were documented and entered under the protection of UNHCR. In 2000, there were 12,500 Guatemalan refugees who remained in 60 UNHCR settlements in the southern Mexican state of Chiapas. The majority of Mayan Guatemalans experienced multiple traumatic events during the civil war in Guatemala (REHMI). Despite the recognized need for mental health services by UNHCR and health care professionals who have worked with the refugees, there has only been one documented, short-term mental health program with children in two refugee camps in the past twenty years (Miller & Billings, 1994). There has also never been an epidemiological survey to assess need for mental health services or to determine the extent of poor mental health. With the final stage of the UNHCR withdrawal of UNHCR from Chiapas, when refugees become Mexican citizens, there will be little resources available to this traumatized population. The main goal of this dissertation was to provide UNHCR, a provider of logistical support for the survey, and the Government of Mexico with an assessment of mental health in a group of Guatemalan refugees who have lived in refugee camps in Chiapas, Mexico for twenty years. The study's depiction and analysis of their experiences demonstrates that their emotional suffering remains acute today.

Statement of the Research Question

The following goals were established for the study: 1) Select a long-term refugee population that was under-represented in the literature and assess its need for mental health services, 2) Attempt to replicate other rapid assessment epidemiologic refugee mental health surveys, and 3) Use common refugee measurement mental health scales for the first time in a Latin American indigenous population.

Specific study objective. The objectives of this study were to determine the prevalence of Posttraumatic Stress Disorder (PTSD) (APA, 1994), depression, and anxiety in a long-term population of Guatemalan refugees, and to assess selected factors associated with these poor mental health outcomes. Objectives were operationalized with two main outcome measures: the *Harvard Trauma Questionnaire* (HTQ) developed by Mollica, et al. (1992), an internationally recognized measure of the occurrence of trauma and PTSD in diverse refugee populations, and the *Hopkins Symptoms Checklist-25* (HSCL-25) (Mollica et al., 1987), a measure of elevated anxiety and depression symptoms. Socio-demographic questions were developed from a review of the refugee mental health literature, meetings with key informants, and the researcher's social work practice experience with Latinos, refugees and traumatized children.

Mental health status was measured in this study sample by first calculating the prevalence rates for PTSD, depression and anxiety as identified by the study's case definitions, and by meeting the criteria for constitution of a case as outlined by the HTQ and the HSCL-25. The odds ratios (measures of risk) associated with trauma exposures and/or selected socio-demographic variables detailed on the HTQ and in the HSCL-25 were used to create logistic regression models. These models examined specific mental health outcomes and factors associated with poor mental health in this study sample. The main

purpose of the logistic regression models was to begin to identify specific risks associated with the development of PTSD, anxiety and depression.

Specific study questions. This study was exploratory in nature, and not hypothesis driven. There are no previous epidemiologic studies in Guatemalan samples that could be used to compare prevalence rates of illness. However, based on the findings from the three logistic regression models on PTSD, anxiety and depression, the researcher examined whether individuals in this study sample who were exposed to particular traumas or select socio-demographic variables were more likely to have a PTSD, anxiety or a depression diagnosis. How did this compare with logistic regression models developed in other refugee mental health studies? Other studies performed with different sampling techniques in varied settings are not directly comparable, but provide a context for discussion. What do the findings of this study sample suggest about which types of refugees, in this study sample, continue to meet the criteria for PTSD, anxiety or depression twenty years after exposure to war-related trauma? What were the differences in prevalence rates and basic socio-demographic variables among the five study sites? Did refugee camp locale, size, demographics or ethnic group have any perceived effect on prevalence rates of mental illness?

Methodology

A cross-cultural, epidemiologic methodology was used to combine qualitative fact-gathering and quantitative statistical analyses to determine mental health need and status. Prior to quantitative data collection, qualitative fact-gathering in September, 2000 determined community interest in study participation, mental health needs, available community services, and indigenous mental illness symptoms, syndromes and treatments. Information was gathered with participant observation, structured and unstructured interviews with convenience samples of Guatemalan refugees in ten refugee camps and with key informants in health care organizations, non-governmental organizations, the Government of Mexico and the UNHCR.

The cross-sectional, household survey was conducted in five refugee camps in Chiapas, Mexico in November-December, 2000. Of 60 Guatemalan refugee settlements in Chiapas with an estimated 12,500 residents, five were surveyed. Study sites were chosen based on UNHCR need for information, varying refugee camp size, representative ethnic Mayan-sub groups, road accessibility and community level of exposure to conflict in Guatemala during the civil war. The five study sites represented an estimated population of 1,546 adults and children. All adults (ages 16+) in all households were asked to participate. Respondents (N = 179) received the HTQ and the HSCL-25 and two questionnaires developed by the researcher on Latin-American and Mayan illnesses, treatments and treatment-seeking behaviors. A requirement of the HTQ is that the trauma exposure questions be validated for use in each refugee study population; this is due to the variability of traumatic experiences in different war-related settings. For this survey, the HTQ was modified by six independent reviewers for validity of trauma exposure content. All scales were reviewed for Spanish language with six independent reviewers. Six revisions were developed. All reviewers concurred independently with the final

versions of the questionnaires. Guatemalan refugee data collectors were trained in survey methods and in uniform translation of the questionnaires from Spanish to two Mayan languages when translation would be necessary. The research was approved by the University of Georgia Institutional Review Board, the Government of Mexico Immigration and Naturalization Service, the UNHCR, SubOffice, Chiapas, and the representatives of the participating refugee camps.

Results

On average one adult per household completed the questionnaires. An estimated 95% of all households were surveyed. Ninety-five percent of respondents (N=179) were born in Guatemala and had been exposed to the conflict in Guatemala and subsequent flight to Mexico. The prevalence rate for PTSD was 11.2%; the prevalence rate of scores indicating anxiety and depression were 54.4% and 39.1%, respectively. *Ataque de Nervios*, a Latino-Caribbean cultural syndrome associated with distress, was reported by 36.1% of the respondents compared to 16% in a community adult mental health study in Puerto Rico. Respondents reported a total of 1,509 traumatic events with a mean number of eight trauma events (SD=4.04) experienced per person. Analysis of variance (ANOVA) and LSD Post-hoc testing conducted on continuous socio-demographic variables determined that study sites differed in number of trauma events, number of previous refugee camps lived in, and age of respondents.

Logistic regression models were developed to determine factors associated with PTSD, anxiety and depression. Respondents with PTSD were four times more likely (CI 95% 1.0, 16.27) to have been exposed to being close to death, and five times more likely (CI 95% 1.69, 17.03) to have witnessed persons being disappeared (forcibly removed from villages to unknown locations). Respondents with PTSD were also three and a half times more likely to have had nine or more persons living in the home at the time of the survey (CI 95% 1.15, 10.78). Women with PTSD were ten times more likely to have witnessed an assassination (CI 95% 2.09, 48.92) and nine times as likely to have been disappeared (CI 95% 1.19, 79.95). Respondents who experienced between 13 and 19 trauma events were nearly five times as likely to have anxiety (CI 95% 1.7, 13.71). Respondents with depression were two and a half times as likely to be female (95% CI 1.19, 5.59), ten times as likely to be widowed at the time of the survey (95% CI 1.69, 68.13) and eleven times as likely to have experienced between 13 and 19 trauma events (95% CI 3.53, 33.98).

Initial reliability testing of the HTQ and the HSCL-25 with Cronbach's alpha found an alpha level of .94 on Part I, and .87 on Part III of the HTQ. The HSCL-25 had a Cronbach's alpha of .95. Additional select results indicated that 100% of respondents who answered the question (n=168) stated their community needed mental health services and 41% (n=169) stated they had no one to confide in about their problems.

Psychiatric morbidity related to trauma events and refugee status was common among survey respondents. A majority of survey respondents indicated a need for mental health

services. Guatemalan refugees surveyed may benefit from culturally appropriate and sustainable mental health assistance twenty years after the Guatemalan civil conflict.

Utility For Social Work Practice

Social work is distinguished from other mental health disciplines by its focus on assistance to disenfranchised, underserved populations, yet our presence is underrepresented in multilateral and non-governmental aid organizations. Our training in the assessment, evaluation and program planning needs of groups who experience complex, multiple environmental deficits can be utilized to provide refugees with technical assistance. In this study, the results and program recommendations were used to inform UNHCR and the Government of Mexico of the mental health needs of the study sample.

Social workers in the US who work with immigrants and refugees from Guatemala and other Central American populations may also be better informed about unique risks to Central American's mental health associated with experiences of civil strife. The initial validation and reliability of the Harvard Trauma Questionnaire-Guatemalan version indicates that the questionnaire may soon be able to be used in clinics with clients who are known to be from these areas.

PTSD was most strongly associated with study participants who witnessed family or friends who were disappeared as a result of the conflict in Guatemala. These participants were over five times as likely to have PTSD as compared to the other participants. This finding may in part, be explained by the fact that disappearances do not allow for a finalization of a mourning process (Munczek, & Tuber, 1998). Twenty years later, the fates of so many of the *desaparecidos*, the disappeared, have not been uncovered.

This work may highlight the long-term effects of witnessing loved ones disappeared on the long-term mental health of its victims. This indicates the need for mental health practitioners to be aware of the long-term risks to mental health for persons from Latin America who experienced or witnessed disappearances. Clinic directors and mental health programming specialists may need to examine existing programs and psychosocial assessment intake materials to determine whether there is a need in their clinic populations for questions and programs directed at victims of disappearances.

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